

## **Zoning Board of Appeals**

175 CENTRAL STREET
EAST BRIDGEWATER, MASSACHUSETTS
TEL: (508) 378-1608 FAX: (508) 378-1628

## APPLICATION FOR VARIANCE OR SPECIAL PERMIT FORM 1

(File Application & Plan in Triplicate) (For Plan requirement see Section 3 or Rules & Regulations)

To the Zoning Board of Appeals of the Town of East Bridgewater:

I the undersigned, hereby apply to the Zoning Board of Appeals for a

i, the underlyghed, hereby apply to the	
VARIANCESPECIAL PERMIT Check	c One
1. THE APPLICANT	
Name of Applicant:	
Address:	
Telephone Number:	
2. THE PROPERTY	
2(a) - Assessors Plan Block	
2(b) - Street Address of Property for which re	elief is sought:
2(c) - Name & Address of Property Owner as	of January 1, this year:
2(d) - Name & Address of present owner:	
2(e) - The PROPERTY is located in a	district under the Zoning By-law
2(f) - Dimensions of PROPERTY:	
Frontage	Width
Depth	Area
2(g) - Structures on PROPERTY: (Describe)	

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Setbacks of	structures near	est to lot line:	
Front	Rear	Side Line (R)	(L)
2(h) – Plymouth Re			
Book	Page	or	
		f the Land Court	
Certificate N	0.	and Book	Page
3. <u>VARIANCE OR S</u>	PECIAL PERMIT		
3(a) - Describe brie	fly what you pla	n to do on the PROPER	RTY:
3(b) - State what secusing the PROPERTY	ction or sections in the way you	s of the Zoning By-law wish:	prevents you from
	on for relief fror PROPERTY? Yes	n the Zoning By-Law b No If so, de	you are seeking: een previously made scribe when, what
The informati knowledge and belie	on contained in f and I hereby a	this application is tru apply for the relief sou	e to the best of my ght in this application.
Date Submitted:		Applicant's Signa of his duly autho	ture or the Signature rized Attorney.
Do not write b	elow this line -	For Board of Appeals	use only
Approved as to Form	1;		
Fitle:			
Date Approved:			